SA1Q229F0001 / AutoExcel Engineering Pte Ltd ENTRY DATE & TIME: 15/09/2022 12:44 (SGT) SUBMITTED BY: Doren Chan VERSION: 1 (15/09/2022 12:44 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process
 This Formula is a speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation. 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

ACCIDENT STATEMENT

Date of Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/09/2022 12:44 (SGT) **Both** 14/09/2022 18:25 (SGT) Singapore

RIVER ISLES CONDO (VISTOR CAR PARK)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKG1013P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

DRIVER

No

THOMAS LIM TOW YAO

SXXXX994A

THOMASLIMWORK@GMAIL.COM

(Phone) +65-98579893

Mercedes C180

Private use

No - Claiming third party

Private car Auto 1800

India International Insurance Pte Ltd D19MPC0002555_03

THOMAS LIM TOW YAO SXXXX994A 11/07/1966 Outdoor

Name of Driver NRIC No Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode
Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email
Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

09/06/1992

737771

Side Swipe

Clear

Dry

No

No

Yes

0

No

No

No

Yes

No

30 YEARS AND 3 MONTHS

THOMASLIMWORK@GMAIL.COM

No. 34 WOODLANDS DRIVE 16 #13-31

(Phone) +65-98579893

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver Contact Number GBK6375Y Nissan Urvan

Commercial vehicle AHMED MD SHAMIM (Phone) +65-91409408

Accident report SA1Q229F0001

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Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

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